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Attorney Docket No.: 100752 -1P US

1649 #6

PTO/SB/21 (07-06)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number

10/521420

Filing Date

01/14/2005

First Named Inventor

Peter Greasly

Art Unit

1649

Examiner Name

John D. Ulm

Attorney Docket Number

100752-1P US

ENCLOSURES

(Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☒

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):

Remarks

Petition for three month extension of time is enclosed herewith. Applicants also file on this day a Continuation. A copy of the Transmittal Form for the Continuation is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

AstraZeneca AB

Signature

Printed name

Christine McCormack

Date

September 1, 2006

Reg. No.

L0065

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Express

Signature

Typed or printed name

Heather Randhahn

Date

September 1, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	100752-2P US
	First Inventor	Peter Greasley
	Title	METHODS TO IDENTIFY TRUE ANTAGONISTS AND INVERSE AGONISTS OF THE CANNABINOID RECEPTOR
	Express Mail Label No.	EQ 728602469 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
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<p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>19</u>] Both the claims and abstract must start on a new page (For information on the preferred arrangement, see MPEP 608.01(a))</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>1</u>]</p> <p>5. Oath or Declaration [Total Sheets _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) <input type="checkbox"/> Landscape Table on CD</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, items a. - c. are required) a. Computer Readable Form (CRF) i. <input type="checkbox"/> Computer Readable Form (CRF) ii. <input type="checkbox"/> Transfer Request (37 CFR 1.821(e)) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies</p>	ACCOMPANYING APPLICATION PARTS <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) Name of Assignee <u>AstraZeneca AB</u></p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1449) <input type="checkbox"/> Copies of foreign patent documents, publications, & other information</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Copy of Transmittal form and Request for Extension of Time for parent case 10/521,420</u></p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/521420

Prior application information: Examiner John D. Ulm Art Unit: 1649

19. CORRESPONDENCE ADDRESS

☒ The address associated with Customer Number: 44992 OR ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Email Address	

Signature	<u>Christine McCormack</u>	Date	<u>September 1, 2006</u>
Name (Print/Type)	<u>Christine McCormack</u>	Registration No. (Attorney/Agent)	<u>L0065</u>